

**SAINT MARY CATHOLIC CHURCH
PARISH REGISTRATION FORM**

Family Name: _____ Date: _____

Address: _____ City: _____ Zip: _____

Home Phone: _____ His Cell: _____ Her Cell: _____

E-Mail: _____

+++++

Husband's Information:

Name: _____ Date of Birth: _____ Religion: _____

Occupation: _____

Marital Status: Single ____ Married ____ Divorced ____ Separated ____ Widower ____

Please indicate Y for Yes N for NO

Sacramental Information: Baptism: ____ First Communion ____ Confirmation ____

Married by Catholic Priest? ____

Church of Baptism _____ City/State _____

+++++

Wife's Information:

Name: _____ Maiden Name: _____

Date of Birth: _____ Religion: _____ Occupation: _____

Marital Status: Single ____ Married ____ Divorced ____ Separated ____ Widower ____

Please indicate Y for Yes N for NO

Sacramental Information: Baptism: ____ First Communion ____ Confirmation ____

Married by Catholic Priest? ____

Church of Baptism _____ City/State _____

+++++

**I want to use Envelopes ____ Checks ____ for my weekly contribution to my Parish.
Only those who use Envelopes or Checks will receive an annual report for tax purposes.**

Please complete back of form. Thank you.

Sacraments Received
Please answer Y or N (Yes/No)

Child(ren) Information

| Name | Date of Birth | School Attending | Grade | Baptism | First Communion | Confirmation |
|------|---------------|------------------|-------|---------|-----------------|--------------|
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

Please indicate Church, City and State where each child was Baptized:

Please indicate (√) which Ministries you or members of your family would be interested in giving of your **Time** or **Talent**.

- | | |
|---|---|
| <input type="checkbox"/> Altar Care | <input type="checkbox"/> Hospitality |
| <input type="checkbox"/> Altar Servers (4 th Grade or older) | <input type="checkbox"/> Knights of Columbus |
| <input type="checkbox"/> Beautification | <input type="checkbox"/> Mom's Group |
| <input type="checkbox"/> of Church | <input type="checkbox"/> Music Ministry |
| <input type="checkbox"/> of Grounds | <input type="checkbox"/> RCIA |
| <input type="checkbox"/> Catechesis of the Good Shepherd | <input type="checkbox"/> Religious Ed. Teacher/Substitute/VBS |
| <input type="checkbox"/> Extraordinary Ministers of Holy Communion | <input type="checkbox"/> Respect Life |
| <input type="checkbox"/> at Mass | <input type="checkbox"/> Reader |
| <input type="checkbox"/> to the Sick/Shut-ins | <input type="checkbox"/> St. Vincent de Paul |
| <input type="checkbox"/> Facilities Team | <input type="checkbox"/> Ushers/Greeters |
| <input type="checkbox"/> Funeral Luncheons | <input type="checkbox"/> Youth Ministry |

Describe other Talents you/your family may have:
